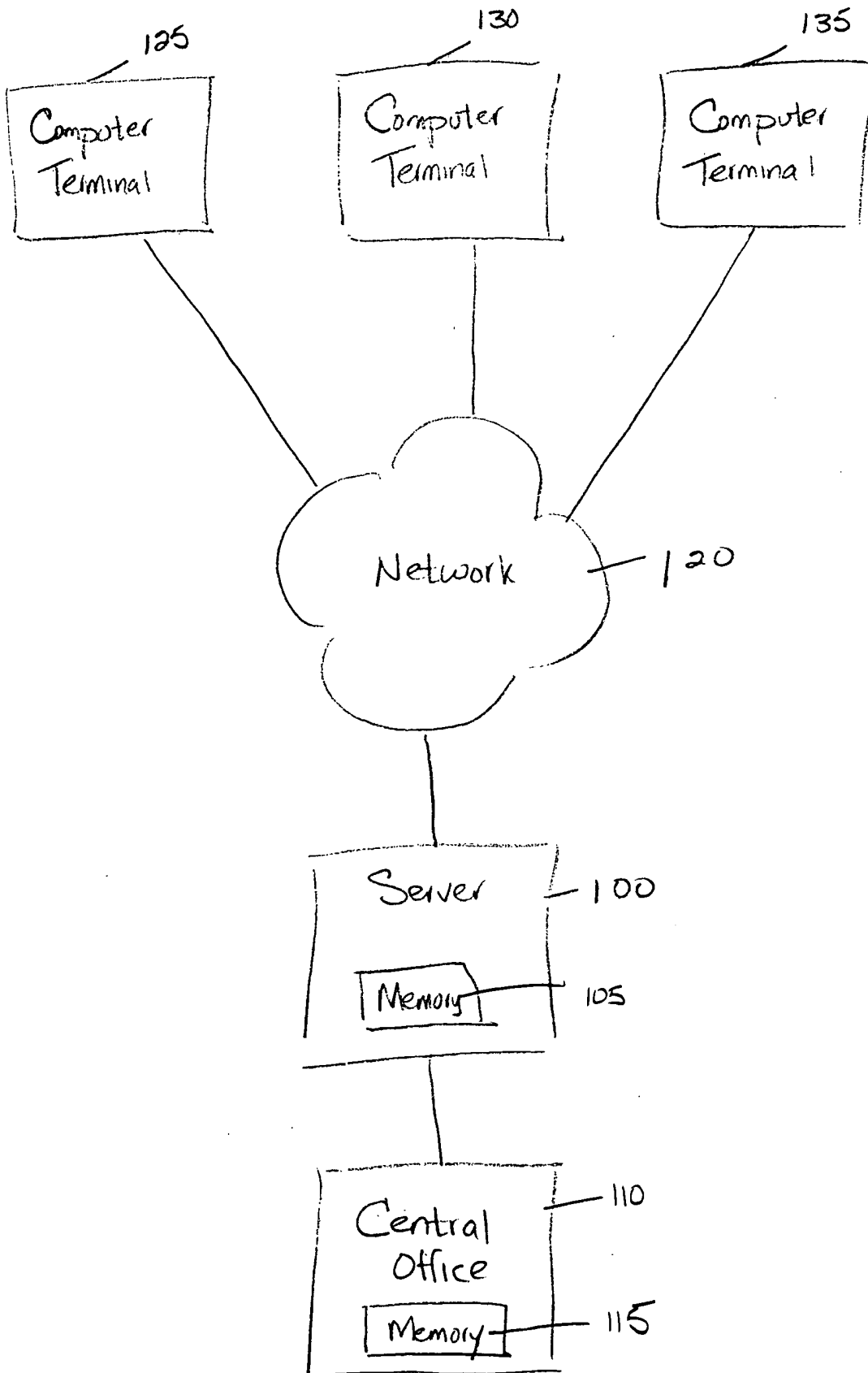


FIG. 1



001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 021 022 023 024 025 026 027 028 029 030 031 032 033 034 035 036 037 038 039 040 041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057 058 059 060 061 062 063 064 065 066 067 068 069 070 071 072 073 074 075 076 077 078 079 080 081 082 083 084 085 086 087 088 089 090 091 092 093 094 095 096 097 098 099 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

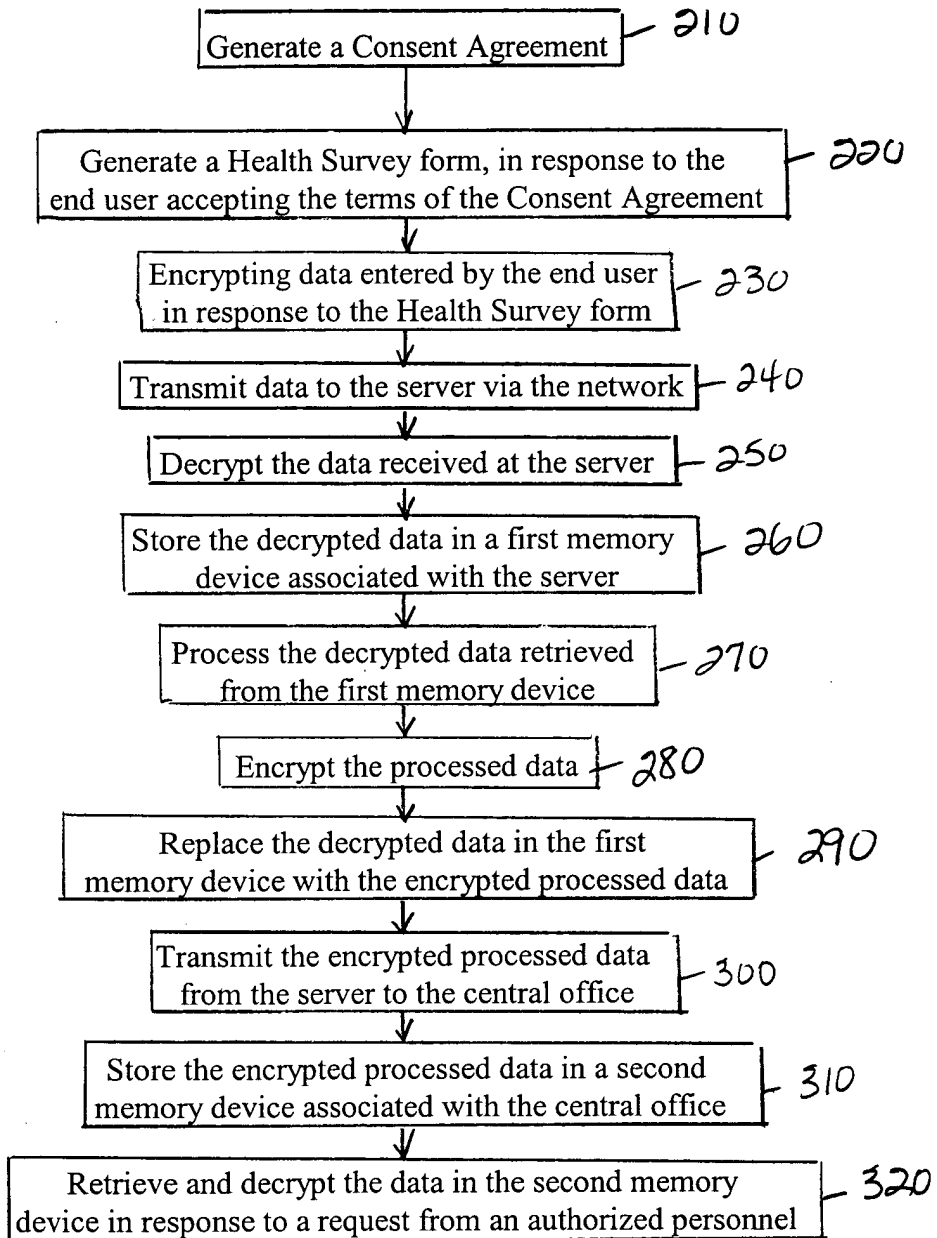


FIG. 2

Health Survey

1. How old are you? years old

2. Please enter your sex:

- I am male
- I am female

3. How would you characterize your health?

- excellent
- good
- fair
- poor

4. How long do you think you have been infected?
(Note: The Health Survey focuses on people who are HIV-positive.)

- less than one year
- one to two years
- two to four years
- four to six years
- six to eight years
- more than eight years
- more than 11 years
- I don't know

5. Would you be willing to participate as a subject in a medical research project?

- yes
- no

6. What was your last viral load count?

- I don't know

FIG 3a

7. What was your last T-Cell count?

- under 100
- 100 to 200
- 200 to 300
- 300 to 400
- 400 to 500
- 500 to 600
- over 600
- I don't know

8. Which HIV antiviral medications are you currently taking? Select as many as apply:

- 3TC (Lamivudine)
- Abacavir (Ziagen, formerly 1592U89)
- Amprenavir (Agenerase)
- AZT (Zidovudine, ZDV)
- Combivir (AZT plus 3TC)
- d4T (Stavudine)
- ddC (Hivid)
- ddI (Didanosine)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva, formerly DMP-266)
- Loviride
- Nevirapine (Viramune)
- Indinavir (Crixivan, MK-639)
- Nelfinavir (Viracept)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Other anti-HIV medications (please specify, note that more medications are listed in Question 10)

- I don't know
- I am currently not taking any medications

9. Which HIV antiviral medications have you taken in the past? Select as many as apply:

- 3TC (Lamivudine)
- Abacavir (Ziagen, formerly 1592U89)
- Amprenavir (Agenerase)
- AZT (Zidovudine, ZDV)
- Combivir (AZT plus 3TC)
- d4T (Stavudine)
- ddC (Hivid)
- ddI (Didanosine)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva, formerly DMP-266)
- Loviride
- Nevirapine (Viramune)
- Indinavir (Crixivan, MK-639)
- Nelfinavir (Viracept)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Other (please specify)

- I don't know
- I have never taken any medications for HIV

10. What additional medications are you currently taking? Select as many as apply:

- Acyclovir (Zovirax)
- Adefovir (Preveon)
- Amphotericin B (Fungizone)
- Atovaquone (Mepron)
- Azithromycin (Zithromax)
- Bactrim (TMP/SMX)
- Cidofovir (Vistide)
- Ciprofloxacin (Cipro)
- Clarithromycin (Biaxin)
- Clindamycin (Cleocin)
- Clofazimine (Lamprene)
- Cycloserine (Seromycin)
- Dapsone
- Emivirine (MKC-442)
- Ethambutol
- Fluconazole (Diflucan)
- Flucytosine (Ancobon)
- Fomivirsen (ISIS 2922)
- Foscarnet (Foscavir)
- Ganciclovir (Cytovene)
- Inderal
- Isoniazid
- Itraconazole (Sporanox)
- Leucovorin
- Pentamidine (aerosolized)
- Prozac
- Pyrazinamide
- Pyrimethamine (Daraprim, Fansidar)
- Rifabutin (Mycobutin)
- Rifampin (Rifadin)
- Rimantadine
- Sparfloxacin
- Sulfadiazine
- Other (please list all other medications you are taking)

I am not taking any additional medications

FIG. 3d

11. Have you ever been diagnosed with any of the following infections or complications? Select as many as apply:

- Anemia
- Cancer
- Candidiasis
- Cryptococcosis
- Cryptosporidiosis
- Cytomegalovirus (CMV)
- Hepatitis
- Herpes
- Kaposi's Sarcoma (KS)
- Microsporidiosis
- Mycobacterium avium Complex (MAC)
- Neuropathy
- AIDS Dementia
- PML (Progressive Multifocal Leukoencephalopathy)
- Other Neurological/Neurocognitive Complications
- Non-Hodgkins Lymphoma
- Oral and Esophageal Thrush
- Pneumocystis carinii Pneumonia (PCP)
- Sinusitis
- Toxoplasmosis
- Tuberculosis
- Wasting
- Other (please specify)

I have never been diagnosed with any infection or complication of HIV

Fig. 3e

12. Can we contact you by e-mail about participating in a clinical research project?

- No
 Yes

If yes, please provide your e-mail address:

13. May we phone you? (Note: To be contacted to participate, you must provide an e-mail address or phone number)

- No
 Yes

If yes, please provide your phone number:

area code number

14. Please provide your name and place of residence.

Last name:

First name:

Place of residence:

City State Zip Code

15. In order for us to identify you properly, please give us your birthdate:

Month: Day: Year:

Thank you for taking the time to take this survey.
Please note that no one will contact you unless or until there is an appropriate request from a lab or researcher.

FIG. 3f

Please fill in the following form if you'd like to
remove your name from our list of volunteers.
Please be as accurate as possible so that we will be
able to locate your original submission.

First Name

Last Name

Birthdate:

Month: Day: Year:

FIG. 4